

189000000000000000000000

State Office Use Only:

BYE: _____

LO#: _____

Date Deleted: _____

Bv: _____

WYO-189(04/04)

PIN Change Request

Name: _____ SSN: _____

Please delete my current Personal Identification Number (PIN) on the Wyoming Unemployment Insurance Division's Interactive Voice Response (IVR) system. I understand that a new PIN number will be mailed to me within three (3) working days from date of receipt.

Claimant Signature: _____

Date: _____

Forward this completed request to:

Wyoming Department of Employment

Attn: Security/Overpayments Unit

Unemployment Insurance Division

P.O. Box 2760

Casper, WY 82602-2760

FAX to:

(307) 235-3277